INSTRUCTIONS TO COMPLETE MONTHLY FACILITY OCCUPANCY REPORT, FORM NMO-3214E

Nursing Facilities (NF) and Intermediate Care Facilities for the Mentally Retarded (ICF/MR) statewide must complete this form to reflect the exact facility census as of midnight (00:00 hour) on the first day of every month. The Occupancy Report is to be received by Nevada Medicaid no later than the fifth (5) day of the month.

- 1. FACILITY NAME: Give complete facility name (do not use initials)
- 2. OCCUPIED BEDS BY PAYMENT SOURCE: Complete number of occupied beds for each service level in the respective payment source box (Medicaid, Medicare, County, Private or VA).
- 3. Total of each column down and added together will equal the Grand Total Census.
- 4. NUMBER OF VACANCIES: Indicate the number of bed vacancies in the facility.
- 5. NUMBER OF CERTIFIED BEDS: Indicate the total number of Medicare/Medicaid certified beds for the facility. If certification has changed this month, please attach or send a copy of the certification showing the change to Nevada Medicaid.
- 6. ADDITIONAL CERTIFIED BEDS: Indicate the number of additional certified beds that are not available for occupancy and the reason why they are unavailable (i.e. under construction and facility can not place a resident in that room).

The Grand Total Census along with the number of vacancies plus the additional certified beds not available for occupancy should equal the Total number of Medicaid/Medicare certified beds.

Enter the date the facility certifies the above information is accurate and provide the name of the individual completing this form.

This form can be completed and submitted on-line at our web site http://dhcfp.state.nv.us (see the on-line link) or the form may be downloaded for your convenience and mailed to: 1100 E. William Street, Suite 102, Carson City, NV 89701 or faxed to (775) 687-8724. The facility should retain a copy for their records.

For questions regarding this form, please contact Nevada Medicaid, Continuum of Care Unit, at (775) 684-3758.